

FEC FORM 2

STATEMENT OF CANDIDACY

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14 JUN - 4 PM 2:11

1. (a) Name of Candidate (in full) Thomas Cotton			2. Candidate's FEC Identification Number S4AR00103		
(b) Address (number and street) PO Box 379			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Dardanelle AR 72384			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate		6. State & District of Candidate AR	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) COTTON FOR SENATE		
(b) Address (number and street) PO BOX 379		
(c) City, State, and ZIP Code DARDANELLE AR 72384		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) SCOTT COTTON DAINES VICTORY FUND (SCDVF)		
(b) Address (number and street) 901 N WASHINGTON ST SUITE 700		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate THOMAS COTTON	Date 03/17/2014 5/30/2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FISCAL CONSERVATIVE MAJORITY FUND

(b) Address (number and street)

228 S WASHINGTON STREET SUITE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FRIENDS FOR AN AMERICAN MAJORITY

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

LEGACY VICTORY COMMITTEE 2014

(b) Address (number and street)

901 N WASHINGTON STREET

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2014 SENATORS CLASSIC COMMITTEE

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

COTTON-LAND VICTORY COMMITTEE

(b) Address (number and street)

C/O RED CURVE SOLUTIONS

138 CONANT ST

(c) City, State and ZIP Code

BEVERLY

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01915

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

THE FOUNDERS SENATE CANDIDATE COMMITTEE

(b) Address (number and street)

228 S WASHINGTON ST

SUITE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]
(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
BARRASSO COTTON VICTORY FUND

(b) Address (number and street)
901 N WASHINGTON ST SUITE 700

(c) City, State and ZIP Code
ALEXANDRIA VA 22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]
(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]
(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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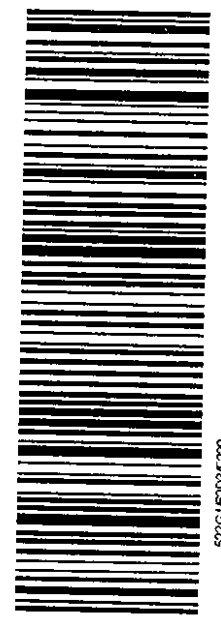
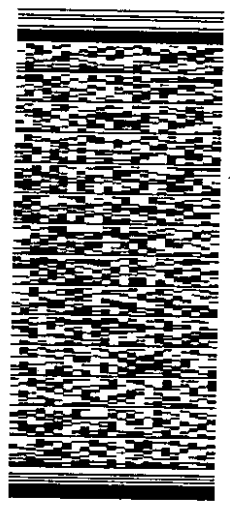
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NANCY ERICKSON
SECRETARY

DANA K. McALLUM
SUPERINTENDENT
SENATE OFFICE BUILDING
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WASHINGTON, DC 20510-71
PHONE (202) 224-0322

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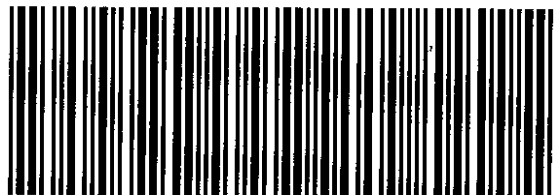
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